How to be your own doctor sometimes

By Wendy Blair

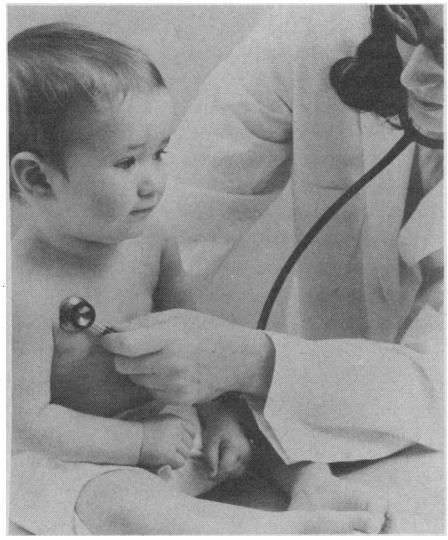
One mother saves hundreds of dollars a year, to say nothing of the time and inconvenience of weekly trips to the doctor's office, by administering allergy shots to her three children herself.

Another mother, practising with her new stethoscope, found a too-rapid heartbeat and alerted her physician to her daughter's previously undiagnosed strep throat.

An elderly man whose appetite had dwindled imperceptibly as he took less exercise over the years learned, "It's a good idea to make yourself a food plan when you get older. I never would have been conscious of my need to take a supplemental vitamin tablet without this course."

These are "activated patients", graduates of a short course in "Self-help preventive medicine" given in Washington, D.C., by the Georgetown University school of medicine. It is the first such course in the United States.

There is no entrance requirement other than grade-school literacy for this course. Its typical student is a 31-year-old mother of two, but people of all ages and educational backgrounds have registered.



A stethoscope for everyone

Begun in 1970 as the experiment of some private general practitioners to train housewives in their Washington suburb to be knowledgeable enough paramedicals to work in their understaffed consulting rooms, the first class of 40 was too large for individual attention. Taken over by Georgetown University, subsequent classes were limited to 25. Sometimes husband and wife alternated, one attending, the other babysitting.

Students paid $85 for 16 two-hour classes, including films, demonstrations, lectures by visiting specialists and some equipment to keep — stethoscope, otoscope, high-intensity light, tongue blades — along with a medical text and a binder full of leaflets, reprints and lecture support notes. For low-income students the fee was lowered to a subsidized $25.

Course director and founder Dr. Keith W. Sehnert, a 47-year-old family doctor with 20 years' experience in private practice, is delighted by the popularity of the course. Never advertised except by word of mouth, classes held each term for the past three years have been filled. A recent, syndicated, newspaper article about the course drew speaking invitations from all over the United States for Sehnert ("My life will never be the same!" he jokes), requests for course outlines from 35 medical schools and letters from hospitals, Indian reserves, government agencies and military bases.

At present the course is taught by nine physicians, including Sehnert, under Robert R. Huntley, Georgetown University school of medicine.

Now assistant professor at Georgetown, Sehnert is retiring from practice until January 1975 to write a book, "How To Be Your Own Doctor — Sometimes". It will contain practical advice for the most common illnesses and accidents, a description of the curriculum of the Georgetown course and a collection of homespun medical wisdom and remedies found in families — the kind of thing grandmothers dispensed when there just wasn't a doctor around.

Aware of the danger that lay people can make dangerous errors in their own treatment, Sehnert stresses that the course is in prevention and self-help, not diagnosis. But he feels there is enormous room for patients to be more knowledgeable and aware.

"If I knew you could take a temperature correctly and knew where to feel for lumps on your child's neck, or how to look in the ear for infection, I would have confidence in what you told me over the telephone," Sehnert says. "So often a mother's panicky 'phone call conveys little information; 80% of all trips to the doctor's office are probably unnecessary."

Furthermore, he says, awareness and knowledge "... give parents confidence to cope with everyday illnesses and to realize when they *should* press the panic button."

Sehnert opens the course with a discussion of the patient's "bill of rights" — the right to question, to buy a generic drug when it is available, and so on. "Wouldn't it be better to take a throat culture before putting me on penicillin is a perfectly legitimate question for a patient to ask," says Sehnert. "Activated patients are better partners, not trouble-makers."

Furthermore, he feels that American television has led people to go to the top neurosurgeon or gynecological specialist when perfectly adequate care is easily available at a local clinic or general internist's office. The course explains how the country's medical delivery system works — especially interesting to black citizens, who have had to

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refused to give more names but still maintained that some CCHA-accredited hospitals had been closed by his department. He said that such action could have been taken for reasons other than that they were not meeting the quality standards. When further pressed for names, Dr. Laberge simply hung up.

Another statement made by Dr. Laberge regarding the decision was that the time had come for provinces to go ahead with accreditation. Other provinces were going to follow the example of Quebec, he said — Manitoba, for instance.

In that province, hospital, medical and nurses organizations have for three years been carrying out joint pre-accreditation surveys to encourage provincial hospitals to seek CCHA accreditation. There is no government involvement in this program. Herman Crewson, executive director of the Manitoba Health Organization (formerly the hospital association but now reorganized to include nursing homes and other facilities) explains that the intention is that the role of setting standards should remain with CCHA. The local effort is to assist the national body in doing the job, because of CCHA's insufficient manpower resources, he told *CMAJ*.

Mr. Crewson emphasized that the MHO wanted to avoid what was happening in Quebec at the moment. He finds the Quebec initiative disturbing; it goes against efforts to integrate all surveys. The MHO hopes to enhance the image of the CCHA at the provincial level.

Clare Bell, coordinator with the Manitoba Health Services Commission, confirmed Mr. Crewson's statements. He said that the idea was not to divorce from the CCHA but to try to eliminate duplication, achieving this with the co-operation of all those involved in accreditation.

It then seems that Quebec will become the only province not to officially recognize CCHA accreditation. The social affairs department believes it can replace the national organization without any loss for the province; hospital administrators and members of various health professions disagree.

The arguments of Dr. Laberge are not financial as much as political. Thus the question becomes one of attitude, since no government will admit that it is not willing to pay for the quality of health services. Dr. Laberge and his group believe that the Quebec accreditation program will be superior to that of the CCHA and they forecast the survey system will be running smoothly within three years.

Since formal notification has not yet been given hospital administrators, the decision of the government can still be changed. If it is not, it will mean that funds will have to be raised to get the CCHA accreditation, since the administrators want to retain their association with the national body. CCHA accreditation gives them a chance to be evaluated for quality purposes by an independent group that has proved itself over the years and that can compare them with institutions across the country. This in their mind is more important than to know that they merely comply with the law as it is spelled out by the government.■

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fight the system without knowing how it is organized.

The course content varies somewhat with the students' interests. Inner-city blacks, concerned about their high rate of hypertension, spent one session learning its causes, its pathology, ways to spot and avoid it. One group interested in the medical truths behind Yoga spent a session working out with a Yoga expert, while doctors explained facts about muscles, bones, breathing and circulation as they went. Some basic course areas are nutrition, pediatrics, first aid, gynecology, drug abuse and problems of ageing. There are sessions on mental health, on why many people do not follow doctors' orders, and on the particular health hazards faced by different age groups and economic classes.

Admitting that "probably a third of all doctors and patients wouldn't be the slightest bit interested in this type of patient education," Sehnert nevertheless feels that the medical profession is ready to embrace a more responsible, more aware patient.

Graduates of the course insist that the confidence they feel is not overconfidence; their knowledge no substitute for a medical degree. When symptoms do not fall within certain careful parameters, they know they are to consult a physician. "It's so simple. If there's nothin' in your notes about it," said one man, "you know it falls outside your expertise and you call the doctor."

"And more than any one piece of information you might learn from this course," said one woman, "the most important thing for me was to realize that the doctor is not up there on a big high pedestal. The doctor is a human being. And for the first time I realize that *I* am an important part of the medical team taking care of my health."■